DISTURBED INSANE

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The Care of DISTURBED and DESTRUCTIVE PATIENTS,

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THE MANAGEMENT of the disturbed and destructive patient presents one of the most difficult, and yet, in many respects, the most interesting problem we have to solve in the care of the insane. However, if we look upon this class of patients as a burden, or as a serious menace to the welfare of the institution; their care is a custodial problem only, and the difficulties that arise are the ones connected with our efforts to subdue and restrain them.

If, on the contrary, in dealing with the disturbed patient, we recognize that his excitement, and even his destructiveness, are reactions, natural enough in themselves, to what he believes to be untoward conditions in his environment that menace his welfare; then the problem assumes a different aspect. Instead of being merely custodial, the care of these patients becomes the subject of investigation, with systematic study of the individual, as to what are the reasons for his attitude toward the conditions in his environment, and for his hostility toward those among whom he lives.

The understanding of what is constituted in the mental attitude of this class of patients, will be facilitated by the consideration of the conditions out of which this same

attitude develops among the sane. There is no difference in kind between the anger, violence, or even the destructiveness of the insane and the sane! For while the sane man may be restrained by prudence or fear of money loss, from destroying property or clothing, the desire and willingness are fully as strong as they are in the insane man, who has lost his capacity for restraint, and on account of his confusion, his appreciation of the consequences. We have only to go back to our own childhood to know how instinctive and natural is the impulse to destructiveness; and we know that adults, in a mob, and even as individuals commonly give way to this tendency; especially if they believe themselves free from risk of detection. We know too, that people considered to be sane and intelligent, give way to anger and violence under the strain of fancied imposition on the part of others, and that, under the influence of alcohol, men may show all of the characteristics of temper and conduct, generally considered to be peculiar to the lower animals. Among children also, these same characteristics are common! That is, easily provoked and heedless violence, as well as wanton destructiveness. In other words, the child is an animal, and the tendency, even in the adult, is to revert to the attributes of the animal; under the influence of conditions that lessen or destroy his capacity for restraint. Just as children are taught, or learn by example, that their welfare, comfort and convenience, are best attained by abstaining from resentment by force; by learning to conform to the social amenities; and to recognize the effect of their

conduct upon their relations with others, do they acquire the self control that constitutes sanity in the adult. This capacity varies greatly among individuals, and of course disappears as mental deterioration takes place.

The sane man resents what he believes to be injustice. He tries to avoid anticipated sources of danger: Also, if he believes that these untoward conditions result from the actions of others, he will try to protect himself. It is a fact that, under the influence of fatigue, pain, or distress, men are disposed to remove their clothing; and this is particularly true of women; the restraint of whose garments adds to their distress. If angry or greatly agitated, they move restlessly about, will throw things about the room, or even destroy them in sheer wantonness—I feel sure all of you might recall such observations, although I would not accuse any of you of having had such experiences. These outbreaks vary from these unconsidered manifestations, to the shooting up of the saloon or town on the frontier; the destruction of the shanty and its contents in the woods; the tearing or burning of clothing, or spoiling it with filth. The trampling of flower beds: tearing up of shrubbery, and the defacement of buildings in the settled community. Such conduct is described as vandalism, if it is public. If it is domestic it has numerous designations, according to the social position of the individual.

None of these acts differ from the manifestation of these same tendencies in the insane in our hospitals; but in the institution these people are conspicuous, because there are

number of them together, and they are under constant observation. The unruly conduct of both has its basis in the belief of the individual that some one is trying to injure him; that he is revenging himself for some wrong; getting even with the individual or community for some slight or neglect; or else he is satisfying the merely savage resentment of physical or mental discomfort. The difference between the sane and the insane man who is disturbed, is not in his conduct, but in the relation of his conduct to the conditions in his environment, as they affect his welfare. In order to appreciate what conditions and controls these relations, it is necessary that we should study the individual patient comparatively, to learn why he is disturbed, and what is the significance of his destructiveness: Because, unless we do study these manifestations individually, we shall not be in a position to deal with them intelligently; nor will we be able to control there untoward actions and prevent their recurrence.

It should require superficial observation only to make us aware of the fact that people are naturally either aggressive or seclusive, and the study of the history of the mental disturbance in the individual who is insane will show soon to which class he belongs! For instance, two men may hear voices threatening them with harm, or making slanderous accusations. One of these men will denounce his enemy or accuser: In his turn threatening revenge or retaliation; while the other man, on the contrary, will cringe, hide, or beg to be protected. He may even become intensely depressed

and attempt suicide, as the lesser of two evils. If either man finds himself balked in his efforts at revenge or escape his disturbance or agitation increases, he grows constantly more restless; until finally, in his extreme discomfort or distress, he pulls off his clothing, moves the furniture about, or even destroys it. I do not mean, of course to include those individuals who are so much reduced mentally, that they are children intellectually, with the impulses of the adult: Who pull their clothing to pieces, or destroy the furniture, just as the baby does; or the child breaks his playthings, or runs amuck with a hatchet. Neither do I include in this category the exalted individual, whose condition is analogous to that of intoxication with alcohol. The fact that many demented patients are not either disturbed or destructive, makes it necessary for us to look further for the cause of these habits when they exist. Clinically we find constantly present indigestion, constipation, enfeebled circulation, and the evidence of defective elimination of the waste products of the body activities; and just in proportion as we are able to relieve these physical disabilities, do these patients become quiet and well behaved in a proper environment. Post mortem, in this class of cases, the evidence of the physical basis for the disturbance is found in the interference with the nutrition of the brain, and the accumulation of fluid over its surface in the anterior portion.

There is, therefore, another aspect to this subject, which in my experience is usually the most important, but that does not receive the consideration it should. That

is, the physical condition of the patient and its bearing upon the conduct of the individual. Here, again, we have only to compare our every day experience and observation with what we see in the insane. We all know how the physical discomfort associated with indigestion; headache, the pain of a tooth ache, or the exhaustion of overwork affect the disposition of the individual. No matter how good natured he may be under ordinary circumstances, it is easy to picture the ill temper, and even profanity and violence of the average man with the jumping tooth ache, or a throbbing headache, when things go wrong at home or in his place of business. The least imposition, or the most trivial interruption of the routine of life may be enough to break down restraint; with the result that there is an outbreak of temper and violence, varying with the natural disposition of the individual, and the degree of his suffering. Again the man may, under these same conditions, hide himself away, and keep from contact with his fellows until his discomfort has subsided. We have been too prone to ignore the possibility of the presence of physical discomfort as a cause of mental disturbance in the insane, and to take for granted that no physical cause exists, because it is not readily apparent, and we do not look for it. I am confident, from my own experience, that practically always an outbreak of mental disturbance, or destructiveness, has for its antecedent some source of physical discomfort, or the disturbance of the functions of the body that have to do with digestion and elimination. The more chronic and per-

sistent manifestations of disturbance, indicate some continuous source of brain irritation. This may be, and usually is, the accumulation of fluid over the anterior portion of the brain, on account of degenerative changes in the blood vessels; interferring with the blood supply to the brain, as well as with the carrying away of the waste products of brain activity. However, even if these physical changes be present, there is suggested at once the necessity for such remedial measures as will stimulate the nutrition of the brain, and aid in the elimination of the accumulated cause of irritation. It is for this reason that there is so often marked temporary improvement in these chronic cases, after a severe acute illness with high temperature, or after an operation on the head. The increased rapidity of the circulation of the blood, or the draining off of the fluid relieves the pressure. It is with the class of cases here referred to that hydrotherapy is so useful, because we know that there is no better equalizer of the circulation of the blood than water properly applied, nor any other means so efficient in eliminating waste. Besides, the application of water at the proper temperature, and in the right way, is a stimulant or a sedative to the nervous system, at the will of the physician who knows how to use it intelligently. Drugs too have a function, as they aid digestion, stimulate the heart, the skin, and the functional activity of the kidneys. Investigation, with the aid furnished by the laboratory, may, and commonly does discover some form of organic disease which is a constant source of irritation, or

there may be some condition like hernia, chronic appendicitis, or gall bladder disease, that will require operative interference for its relief. Indeed, it is astonishing how the recognition and removal of these sources of irritation change the whole aspect of the case, and make an orderly industrious individual out of a man whose condition has been for a long time that of disorder, and aggressive violence. The same is true with regard to women. The removal of local sources of irritation in the pelvis, is very efficient in the elimination of irritability and restlessness. I do not mean to say that the disease condition requiring operative interference is the direct cause of the mental disturbance, nor that the operation is curative in any way directly, as applied to the mental condition of the patient. The effect is indirect, and the operative interference is successful just in proportion as the removal of the disease condition restores the processes of nutrition and waste to their normal state. There is another class of disturbed and destructive patients, however, where we can not determine so definitely the relation between the physical condition of the patient and the mental disturbance. To this class belong those individuals who hear voices, see objects, or people who threaten them, or through the perversion of the other special senses they may believe themselves to be the victims of witchcraft, of the application of the electric current, or poisoning. But even among these people, who are violent on account of what they hear or see, or who are destructive to their clothing or the furniture, in their effort to

get rid of something that is disagreeable or offensive, there is the perversion of sensation which very commonly has its origin in the disturbance of the processes of digestion, or interference with the function of elimination; so that poisonous substance are circulating in the blood, that act as irritants to the nervous system; give rise to uncomfortable or painful sensations; that to the confused mind of the insane man suggest what he dreads and fears. Therefore, even if we have to use other measures to control the man who believes that he is to be murdered; that some one is traducing him; that his family is being harmed, his property destroyed, or that he is himself being poisoned; and is disposed to violently resist; still it is important for us to be sure that we have eliminated all sources of physical disturbance, before we begin or attempt to carry out preventive measures of another kind.

We have next to consider those conditions in the environment of the disturbed and destructive patient, that add to the difficulty in caring for him, and interfere with his control. I know of nothing more applicable to this class of people, than the old saying "Satan finds some mischief still for idle hands to do." Indeed, it might be said that if these patients were not idle they would not be disturbed. Their idleness results primarily, of course, from the difficulty that exists in all public institutions, in providing room and occupation for this class of patients. It is one of the paradoxes of institution management, that the class of patients requiring the most room, and the greatest amount

of individual attention, receive the least of both: Besides, on account of the fact that they are disagreeable to be with that their conduct is alarming, and is so distressful to those unfamiliar with them; these people receive none of the sympathy of the philanthropic. In the public mind, the disturbed patient is regarded either as a wild animal, or as a criminal ;to be restrained and controlled by force and seclusion, and it is never for a moment considered that he is either affected by his environment, or is capable of being influenced by consideration and care. Consequently, we have heretofore, as has been the rule with all philanthropic undertakings, gone to work at the wrong end in dealing with this class of patients; from the disciplinary standpoint. I have frequently seen a disturbed patient, who was extremely violent, destructive and filthy; who was taken with some acute illness, which required constant personal care and supervision; become quiet, orderly and good natured, remaining so permanently sometimes, and always so, until necessity compelled the return of the patient to his former environment of overcrowding and lack of individual care. Here is the key to the management of the disturbed and destructive patient: Individual care and occupation! If these could be provided from the time the patient comes into the hospital, or as soon afterward as he is physically able to take advantage of them, this problem we are discussing would practically never present itself. To quote from a paper by the writer on an analogous subject—"The whole of the art of the personal care of the insane man, is to know

how to let him alone. If his treatment has been begun early enough, and carried out intelligently; he will seldom reach the state where physical restraint should be necessary. The behavior of the insane man is very much what is expected of him: And even after he has, in a great measure, lost his self control, his conduct will be the reflex of his surroundings, and of the attitude of his care takers toward him. So that, in the treatment of the mental aberration, more is dependent upon the trained intelligence of the care taker, than upon the conventional routine methods commonly in use." It seems to me obvious then, that this class of patients need the most intelligent medical and supervisory care; that they must be studied and treated as individuals, and that means must be provided to keep them busy; to direct their physical energy into definite channels, where it may be utilized for their own advantage and for the welfare of the institution. These results can not be accomplished by restraint, seclusion, the use of drugs, or tramping about the grounds. These are the methods generally in use in the management of disturbed and destructive patients, but they utterly fail as the rule; while in the exceptional case they are palliative only.

The first essential, then, to the proper management of this class of cases is the systematic study and treatment of the patient by the physician, and then the exercise of the trained intelligence of the care taker. Because of his constant association with the patient, we must rely upon his tact, patience, judgment and sympathy, to carry out the

necessary measures to gain the confidence of the individual, and to induce him to expend, in some way that will be agreeable and useful, the misdirected energy that is evidenced in his unruly conduct. It is true also, that the physician in charge of these patients must himself have the necessary knowledge and training to make him know the importance of studying the individual patient, and the conscientious desire to do the necessary work; so that he may advise the nurse how to best direct his activities. The measures necessary for the accomplishment of this purpose are obviously best applied before the condition of the patient becomes chronic, and his disturbance persistent. Consequently, in every institution for the insane, provision should be made for the necessary preventive measures. It is true that this means more room, and a proportionately larger number of nurses. It means also, that the nurses in charge of these patients should be the most intelligent, as well as the most conscientious and sympathetic; and that they should have the facilities to provide a sufficient variety of occupation; so that every patient might be induced from the beginning, to do something with his hands that will maintain his intellectual capacity, and stimulate his intelligence. The mental capacity, becomes reduced from disuse, just as does muscular power; and the insane man gives his time and attention to the perverted mental processes which brought him to the institution, because there is nothing in his surroundings to take him away from his morbid self consciousness, or to stimulate activity in some definite direction.

While I believe all that I have said here to be true; and that, if it was practical and possible to carry out these measures with all patients that come into the hospital, we would have none that were disturbed and destructive patients; and while I know that the conditions surrounding these people have been almost revolutionized during the past 25 years; still I appreciate fully that the care of this class of patients is a serious and a difficult problem. However, what has been done in the last quarter of a century proves the contention in my paper, and assures me that I have not exaggerated the possibilities that should result from the application of the measures that I have described. It is true that the conditions existing in our public institutions are never exactly alike in any two of them, so that no hard nor fast rules may be laid down that would be applicable indiscriminately, but I believe, from my own experience, that modifications of the plan described may be made to meet the conditions in any institution, and I am equally as confident that the basis for any successful effort in this direction, must be the careful and systematic study of the physical condition of the patient, and the application of such remedial measures as will remove all sources of irritation; to provide, so far as is possible, a sound body in which we may attempt to restore a sound mind. To do these things we must necessarily combat tradition, superstition, preconceived ideas, and we must overcome the inertia of custom. This means, of course, the education of public opinion to the appreciation of the economy, as

well as the desirability of this work; and through this enlightened public opinion, we must seek the provision by the state of a competent medical staff, with skilled nurses to help them, and the necessary facilities to carry their work to a successful issue. To quote again from the paper before referred to: "The great difficulty in the way of progress in the medical treatment of the insane, is that we are prone to think of the future in terms of the present. When we consider the doing of an act in the future, we have always a picture of the present in our minds. Therefore, when we try to consider insanity as a manifestation of disease, just as we would scarlet fever or pneumonia, there springs up in our minds the picture of the wild eyed individual, with matted hair and torn garments, whose presence fills us with superstitious fear, and we instinctively think of him as the victim of demoniac possession, forgetting that, like the scarred victim of small pox, or the hopeless case of tuberculosis, he is simply the result of the conditions our ignorance and superstition have placed him in."